

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29781

3362

BIRTH NO.		REG. DIST. NO. <u>393, 149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>02/11/51</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, North</u>		d. STREET ADDRESS (If rural, give location) <u>Antioch Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home Antioch Rd. North</u>							
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		a. (First)		b. (Middle) <u>Cook</u>		c. (Last) <u>Myers</u>	
4. DATE OF DEATH <u>Aug. 6, 1951</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 27, 1888</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer Burlington Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Leavenworth Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Don Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Myers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>707-07-7025</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert J. Myers</u> ADDRESS <u>509 E 27th St. N. K. C.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>6-8 mo</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastasis To Sternum</u> <u>3-4 mo</u> DUE TO (c) <u>Pneumonia Right lower lobe</u> <u>1 wk</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>102X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 July, 1951</u> , to <u>6 Aug, 1951</u> , that I last saw the deceased alive on <u>4 Aug, 1951</u> , and that death occurred at <u>2 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward H. Fischer</u> M.D. (Degree or title)				23b. ADDRESS <u>2025 Swift</u>		23c. DATE SIGNED <u>6 Aug 51</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>8-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-6-51</u>		REGISTRAR'S SIGNATURE <u>Sheralding Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomers Sons</u> ADDRESS <u>North Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. 393

Signed John Vincent Keenick, Jr.
Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address Avondale, Ariz.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.